

Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

- a. **Waiver Services Summary.** List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:

Service Type	Service
Statutory Service	Day Habilitation
Statutory Service	Homemaker
Statutory Service	Residential Habilitation
Statutory Service	Respite
Statutory Service	Supported Employment
Statutory Service	WCCM- Waiver-funded Children's Case Management
Extended State Plan Service	Occupational Therapy
Extended State Plan Service	Physical Therapy
Extended State Plan Service	Psychological Services
Extended State Plan Service	Speech Therapy
Other Service	Adult Companion Services
Other Service	Adult Foster Support
Other Service	Assisted Living
Other Service	Caregiver Training and Support
Other Service	Community Transition Services
Other Service	Dietician
Other Service	Environmental Modifications/Adaptive Equipment
Other Service	Individual Goods and Services
Other Service	Meals
Other Service	Personal Care
Other Service	Private Duty Nursing
Other Service	Respiratory Therapy
Other Service	Transportation

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service ☐

Service:

Day Habilitation ☐

Alternate Service Title (if any):

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☒ Service is included in approved waiver. There is no change in service specifications.
- ☐ Service is included in approved waiver. The service specifications have been modified.

☐ Service is not included in the approved waiver.

Service Definition (Scope):

Habilitation- Day

Services designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings.

Habilitation provided in day programs includes support and functional training in use of community services, basic life skills, appropriate behaviors for the workplace and appropriate social behaviors.

Habilitation services do not include special education and related services (as defined in Section 4(a)(4) of the 1975 Amendments to the Education of the Handicapped Act (20 U.S.C. 1401(16), (17)) which otherwise are available to the individual through a State or local educational agency and vocational rehabilitation services which otherwise are available to the individual through a program funded under Section 110 of the Rehabilitation Act of 1973 (29 U.S.C. 730).

The Personal Supports Plan (PSP), based upon the results of a formal assessment and identification of needs, provides the actions and outcomes toward which training efforts are directed.

Work/day programs offer individualized services based on the support needs of service recipients. Persons served in work/day settings may include persons with pre-vocational skill training needs, persons who function as elderly with skill maintenance and social/leisure activity needs and persons with very significant behavioral, self-help or medical challenges who require enriched staffing ratios to meet habilitation and support goals. In some cases, individuals with varying services needs may be served under one roof, with staffing ratios and habilitation goals individualized to meet the needs of the recipients. Work/day programs offer one or more services conforming with the following criteria:

- * Pre-vocational services are oriented toward providing training to individuals who are not expected to join the general work force in the immediate future (i.e., within a year).

Pre-vocational services include support and training in self-help skills, motor and physical development, communication skills, functional academics, community life skills, work skills, and leisure skills. These training areas are not primarily directed at teaching specific job skills but at underlying habilitative goals.

If individuals are compensated for the work they do, the compensation is less than 50 percent of the minimum wage.

- * Senior day services provide health services, social services, training and supervision based on the needs of the individuals served. Senior day services entail services which provide supports and specific functional training based on the PSP.

These services are provided to older individuals whose plans of care (IP) direct training efforts and specify supports that will enable them to participate in a variety of age-appropriate activities supporting the goal of maintaining the individual's ability to function in the community and to avoid institutionalization.

- * Intensive waiver-funded adult habilitation programs are oriented toward serving individuals with more severe disabilities. These individuals display fewer self-help skills and/or more severe problem behaviors than the individuals found in typical work activity centers or sheltered workshops. They have been found to have significant service and support needs based on the Montana Resource Allocation instrument and have been determined as inappropriate for placement in less restrictive adult settings.

Training and support is provided in a highly structured environment, by staff who are sophisticated in the skills of behavior management. Training focuses on the behaviors necessary to maintain the individual in the community-based service system and, if possible, move to a less restrictive setting.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Providers of day habilitation services can be reimbursed only for services delivered to recipients.

Service Delivery Method (check each that applies):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☒ Relative
- ☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	DD service provider agency under contract with the DDP.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Day Habilitation

Provider Category:

Agency ☒

Provider Type:

DD service provider agency under contract with the DDP.

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

The service requirements outlined in ARM 37.34.937 through 37.34.942 shall apply. The staffing rule as outlined in ARM 37.34.2107. The individual will receive training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, College of Direct Support training, CPR training and any specialty training relating to the need of individual served, as outlined in the plan of care. Persons assisting with meds will be certified in accordance with ARM 37.34.114. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, The DDP Regional Manager as part of the Qualified Provider Application Process.

Ongoing- DDP QA Review Process, conducted by the QIS, for a sample review of compliance with the staffing requirements.

Frequency of Verification:

Prior to the initiation of a DDP contract.

DDP QIS staff review compliance with day habilitation staff QP standards, on a sample basis, annually.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service ☒

Service:

Homemaker

Alternate Service Title (if any):

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☒ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition (Scope):**HOMEMAKER SERVICES**

Homemaker services consist of general household activities provided by a homemaker when the person regularly responsible for these activities is unable to manage the home and care for himself/herself or others in the home, or is engaged in providing habilitation and support services to the individual with disabilities.

Services in this program include meal preparation, cleaning, simple household repairs, laundry, shopping for food and supplies and routine household care.

Homemaker services are not available under the State Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is not available to recipients in residential settings in which primary care is funded 24/7 by the DDP (e.g., group homes and assisted living facilities). Homemaker services may be bundled with other services when delivered as a component of Self-Directed Services and Supports (SDSS) and is therefore not available as a discrete service to persons receiving SDSS.

Service Delivery Method (check each that applies):

- ☒ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☒ Relative
- ☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Employee functioning as a homemaker for a legal business entity (e.g., Kleen King, Merry Maids)
Agency	Employee of a DDP provider agency under contract with the DDP.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Statutory Service
Service Name: Homemaker

Provider Category:

Individual

Provider Type:

Employee functioning as a homemaker for a legal business entity (e.g., Kleen King, Merry Maids)

Provider Qualifications

License (specify):

Workers are employees of a business entity, licensed, bonded and insured to deliver professional homemaker services

Certificate (specify):

Other Standard (specify):

ARM 37.34.929 and ARM 37.34.930. Qualifications of the person providing the homemaker service will be reviewed and approved by the contracting agency and the service recipient and family, if applicable. The family or recipient can request the provider subcontracting with the business entity to complete a background check of the worker at no cost to the recipient. The person providing this service must be 18 years of age.

Verification of Provider Qualifications

Entity Responsible for Verification:

DDP waiver funded agency subcontracting for homemaker services.

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

As needed by the provider, prior to authorization of payment.

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Homemaker

Provider Category:

Agency ☐

Provider Type:

Employee of a DDP provider agency under contract with the DDP.

Provider Qualifications

License (specify):

N/A

Certificate (specify):

Other Standard (specify):

ARM 37.34.929 and ARM 37.34.930

All employees of agencies providing direct client services under contract with the DDP will have a completed background check (ARM 37.34.2102).

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, The DDP Regional Manager as part of the qualified provider application process.

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Prior to the initiation of a DDP contract.

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Residential Habilitation

Alternate Service Title (if any):

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☒ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition (Scope):

Habilitation- Residential

Services designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings.

Habilitation provided to an individual wherever he or she may live. Settings may include foster homes, group homes, congregate and non-congregate living apartments and natural homes.

All facilities covered by Section 1616(e) of the Act comply with State licensing standards that meet the requirements of 45 CFR Part 1397.

Board and room is not a covered service. Individuals served are responsible for paying for board and room through other funding sources such as Supplemental Security Income (SSI).

The plan of care, based upon the results of a formal assessment and identification of needs, provides the general goals and specific objectives toward which training efforts are directed. The plan of care (PSP or Individual Family Service Plan for Children) also specifies the appropriate residential setting in which services will be provided.

Training is provided in basic self-help skills, home and community living skills, leisure and social skills. Support is provided as necessary for the care of the individual. Each training objective is specified in the plan of care and is clearly related to the individual's long term goal and is not simply busywork or diversional in nature.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Residential habilitation services are not available to waiver recipients residing in assisted living or adult foster home settings.

Service Delivery Method (check each that applies):

- ☒ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☒ Relative
- ☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	DD service provider agency under contract with the DDP.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Statutory Service
Service Name: Residential Habilitation

Provider Category:Agency **Provider Type:**

DD service provider agency under contract with the DDP.

Provider Qualifications**License (specify):**

Residential habilitation is reimbursable in all community based residential settings, except the provision of this service in DD community group homes and foster homes is contingent upon State licensure for these facilities. DD group home licensure requirements may be reviewed in ARM 37.100.301 through 37.100.340 and MCA 53-20-301 through 53-20-307.

Certificate (specify):**Other Standard (specify):**

The service requirements outlined in ARM 37.34.937 through 37.34.942 shall apply. The staffing rule as outlined in ARM 37.34.2107. The individual will receive training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, College of Direct Support training, CPR training and any specialty training relating to the need of the individual served, as outlined in the plan of care. Persons assisting with meds will be certified in accordance with ARM 37.34.114. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check. Persons providing residential habilitation may be sixteen or seventeen years of age if the service is provided under direct adult supervision and all other requirements are met.

Verification of Provider Qualifications**Entity Responsible for Verification:**

PHHS Quality Assurance Division (QAD) for compliance with group home and adult foster home licensing standards, if applicable.

For DDP waiver funded services, initially, the DDP Regional Manager as part of the qualified provider application process.

DDP QA review process, conducted by the QIS, for a sample review of the staffing requirements for ongoing re-evaluation.

Frequency of Verification:

QAD licensing study is annual.

Prior to the initiation of a DDP contract.

DDP QIS staff reviews compliance with residential habilitation staff QP standards, on a sample basis, annually.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:Statutory Service **Service:**Respite 

Alternate Service Title (if any):

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☒ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition (Scope):

Respite care includes any services (e.g., traditional respite hours, recreation or leisure activities for the recipient and care giver; summer camp) designed to meet the safety and daily care needs of the recipient and the needs of the recipient's care giver in relation to reducing stress generated by the provision of constant care to the individual receiving waiver services. These services are selected in collaboration with the parents and are provided by persons chosen and trained by the family. Persons providing respite services will be in compliance with all state and federal respite standards. Respite services are delivered in conformity with an individualized plan of care.

The amount and frequency of respite care (with the exception of emergencies) is included in each individual's plan of care.

FFP (Federal Financial Participation) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Respite is only available to primary caregivers in family settings, including adult foster homes. Respite is available when a primary caregiver is not compensated for providing some or all of the support or supervision needed by the client.

Service Delivery Method (check each that applies):

- ☒ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☒ Relative
- ☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	DD Service Provider Agency under contract with the DDP.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Statutory Service
Service Name: Respite

Provider Category:

Agency ☒

Provider Type:

DD Service Provider Agency under contract with the DDP.

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

ARM 37.34.946

ARM 37.34.947

In addition, the respite provider is subject to approval by the family, and must possess any competencies outlined by the family in the plan of care, which are related to the specific needs of the individual. Person providing the service must be 16 or older.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, The DDP Regional Manager as part of the Qualified Provider Application Process.

Ongoing- DDP QA Review Process, conducted by the QIS, for a sample review of compliance with the staffing requirements.

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Prior to initiating a DDP contract.

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Supported Employment

Alternate Service Title (if any):

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☒ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition (Scope):

Supported Employment

Supported employment is for persons with developmental disabilities who, because of their disabilities, need intensive ongoing support to perform in a work setting.

Supported employment provides the opportunity to: work for pay in regular employment; integrate with non-disabled persons who are not paid care givers; and receive long-term support services in order to retain the employment. The service is designed for individuals with developmental disabilities facing severe impediments to employment due to the nature and complexity of their disabilities.

Supported employment may include the following types of activities designed to assist eligible individuals to access and maintain employment:

- a. Pre-placement activities: Pre-placement activities consist of gathering information, conducting employee assessment and completing any steps necessary to implement the job placement process.
- b. Job Market Analysis/Job Development: Job market analysis and job development involve identifying and locating

potential jobs.

c. Job Match/Screening: Job match and screening involves establishing job requirements and selecting/matching potential employees to jobs.

e. Job Placement/Training: Training is directed toward development of all the skills necessary to succeed in the particular paid job that the individual is hired to do. Training occurs within the actual job environment and addresses naturally occurring demands and contingencies. The trainer assists the employee in completing the job until all the tasks can be performed at the standard established by the employer.

f. Ongoing Assessment and Support and Service Coordination: Ongoing assessment and support involves monitoring the status of the job environment and the employee, and providing interventions as needed to maintain job placement.

g. Transportation: Transportation of a work crew and its equipment to and from the job site may be provided.

Supported employment will be funded under the waiver when not available under Section 110 of the Rehabilitation Act of 1973, as amended, (19 U.S.C. 730).

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- ☒ Participant-directed as specified in Appendix E
☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
☒ Relative
☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	DD service provider agency under contract with the DDP.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Supported Employment

Provider Category:

Agency ☒

Provider Type:

DD service provider agency under contract with the DDP.

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

ARM 37.34.937 through 37.34.942 shall apply. The staffing rule as outlined in ARM 37.34.2107. The individual will receive training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, College of Direct Support training, CPR training and any specialty training relating to the need of individual served, as outlined in the plan of care.

Persons assisting with meds will be certified in accordance with ARM 37.34.114. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, The DDP Regional Manager as part of the Qualified Provider Application Process.

Ongoing- DDP QA Review Process, conducted by the QIS, for a sample review of compliance with the staffing requirements.

Frequency of Verification:

Prior to initiating a DDP contract.

The QA review process is annual.

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Case Management

Alternate Service Title (if any):

WCCM- Waiver-funded Children's Case Management

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☒ **Service is included in approved waiver. There is no change in service specifications.**
- ☐ **Service is included in approved waiver. The service specifications have been modified.**
- ☐ **Service is not included in the approved waiver.**

Service Definition (Scope):

WAIVER-FUNDED CHILDREN'S CASE MANAGEMENT

Waiver-funded children's case management (WCCM) services are services furnished to assist individuals in gaining access to needed medical, social, educational and other services. Case Management includes the following assistance:

Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social or other services. These assessment activities include

- taking client history;
- identifying the individual's needs and completing related documentation; and gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.

Development (and periodic revision) of a specific care plan that:

- is based on the information collected through the assessment;
- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual.

Referral and related activities:

- to help an eligible individual obtain needed services including activities that help link an individual with o medical, social, educational providers or
- o other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.

Monitoring and follow-up activities:

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - o services are being furnished in accordance with the individual's care plan;
 - o services in the care plan are adequate; and
 - o there are changes in the needs or status of the individual, and if so, making necessary adjustments in the care plan and service arrangements with providers.

Case management may include contacts with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services.

For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community: Case management services are coordinated with and do not duplicate activities provided as a part of institutional services and discharge planning activities. Billing for services is limited to a maximum of 60 days prior to the HCBS placement, and provider reimbursement follows waiver enrollment.

For persons who choose to self-direct: Case management may provide assistance to a recipient and/or unpaid primary care giver in the recruiting, co-hiring (the agency of choice is the legal employer) and scheduling of direct support workers.

Level of care activities: Case management is responsible for assisting the Department, as requested, in scheduling meetings and providing information as requested to Department staff responsible for completing initial and ongoing level of care activities.

Crisis Supports: Case management will provide assistance to the recipient and family, as necessary, in locating suitable alternative placement when the individual's health or safety is at risk.

Limitations:

Case Management does not include the following:

- Case management activities that are an integral component of another covered Medicaid service;
- The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
- Activities integral to the administration of foster care programs;
- Activities, for which an individual may be eligible, that are integral to the administration of another non-medical program, except for case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Social Security Act.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Waiver-funded children's case management services are available to persons from 0 through 21 years of age, inclusive.

Service Delivery Method (check each that applies):

- ☒ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	DD Child and Family service provider agency under contract with the DDP.

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C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service**Service Name: WCCM- Waiver-funded Children's Case Management**

Provider Category:Agency **Provider Type:**

DD Child and Family service provider agency under contract with the DDP.

Provider Qualifications**License (specify):****Certificate (specify):**

FSS certification in accordance with ARM 37.34.926 and DDP policies regarding FSS certification.

Other Standard (specify):

Other rules pertaining to staff competencies and requirements may be reviewed at ARM 37.34.925 and 37.34.2106.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, The DDP Regional Manager as part of the qualified provider application process.

The DDP Quality Improvement Specialist will review compliance for 100% of the FSS staff providing services to one or more IFES recipients as part of the implementation of the QA review process for children's services.

Frequency of Verification:

Prior to the initiation of the DDP contract.

Quality Assurance reviews are conducted annually by the DDP QIS.

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C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:Extended State Plan Service **Service Title:**

Occupational Therapy

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☒ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition (Scope):

OCCUPATIONAL THERAPY SERVICES

These services will be provided through direct contact between therapist and waiver recipient as well as between the therapist and other people providing services to the individual.

Occupational therapists may provide evaluation, consultation, training and treatment.

Occupational therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is

participation in the interdisciplinary planning process.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- ☒ Participant-directed as specified in Appendix E
☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
☒ Relative
☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Licensed occupational therapist, enrolled as a Montana Medicaid provider.
Individual	An agency providing occupational therapy services and enrolled as a Montana Medicaid provider, reimbursed via subcontracts with DD service provider agencies with DDP contracts.
Agency	DD service provider agency employing qualified occupational therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Occupational Therapy

Provider Category:

Individual ☒

Provider Type:

Licensed occupational therapist, enrolled as a Montana Medicaid provider.

Provider Qualifications

License (specify):

Licensed in accordance with applicable ARMs 24.165.101 through 24.165.307

Certificate (specify):

Other Standard (specify):

MCA 37.24-101 through 37.24-311 apply.

ARM 37.34.950 and 37.34.951 apply.

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP annually review compliance with the QP standards.

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C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Occupational Therapy

Provider Category:

Individual **Provider Type:**

An agency providing occupational therapy services and enrolled as a Montana Medicaid provider, reimbursed via subcontracts with DD service provider agencies with DDP contracts.

Provider Qualifications**License (specify):**

Licensed in accordance with applicable ARMs 24.165.101 through 24.165.307

Certificate (specify):**Other Standard (specify):**

MCA 37.24-101 through 37.24-311 apply.

ARM 37.34.950 and 37.34.951 apply.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Extended State Plan Service

Service Name: Occupational Therapy

Provider Category:Agency **Provider Type:**

DD service provider agency employing qualified occupational therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.

Provider Qualifications**License (specify):**

Licensed in accordance with applicable ARMs 24.165.101 through 24.165.307

Certificate (specify):**Other Standard (specify):**

MCA 37.24-101 through 37.24-311 apply.

ARM 37.34.950 and 37.34.951 apply.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:Extended State Plan Service **Service Title:**

Physical Therapy

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☒ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition (Scope):

PHYSICAL THERAPY SERVICES

These services will be provided through direct contact between therapist and waiver recipient as well as between the therapist and other people providing services to the individual. Physical therapists may provide treatment training programs that are designed to:

1. Preserve and improve abilities for independent function, such as range of motion, strength, tolerance, coordination and activities of daily living; and
2. Prevent, insofar as possible, irreducible or progressive disabilities through means such as the use of orthotic prosthetic appliances, assistive and adaptive devices, positioning, behavior adaptations and sensory stimulation.

Therapists will also provide consultation and training to staff or caregivers who work directly with waiver recipients.

Physical therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- ☒ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☒ Relative
- ☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Licensed physical therapist, enrolled as a Montana Medicaid provider
Agency	An agency providing physical therapy services and enrolled as a Montana Medicaid provider.
Agency	DD service provider agency employing qualified physical therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Physical Therapy

Provider Category:

Individual 

Provider Type:

Licensed physical therapist, enrolled as a Montana Medicaid provider

Provider Qualifications

License (specify):

Licensed in accordance with applicable ARMs 8.42.101 through 8.42.503

Certificate (specify):**Other Standard (specify):**

MCA 37.11-101 through 37.11-322 shall apply.

ARM 37.34.954 and 37.34.955 apply.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Extended State Plan Service****Service Name: Physical Therapy****Provider Category:**Agency **Provider Type:**

An agency providing physical therapy services and enrolled as a Montana Medicaid provider.

Provider Qualifications**License (specify):**

Licensed in accordance with applicable ARMs 8.42.101 through 8.42.503

Certificate (specify):**Other Standard (specify):**

MCA 37.11-101 through 37.11-322 shall apply.

ARM 37.34.954 and 37.34.955 apply.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Extended State Plan Service****Service Name: Physical Therapy****Provider Category:**Agency **Provider Type:**

DD service provider agency employing qualified physical therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.

Provider Qualifications**License (specify):**

Licensed in accordance with applicable ARMs 8.42.101 through 8.42.503

Certificate (specify):**Other Standard (specify):**

MCA 37.11-101 through 37.11-322 shall apply.

ARM 37.34.954 and 37.34.955 apply.

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Extended State Plan Service

Service Title:

Psychological Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☒ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition (Scope):

PSYCHOLOGICAL AND COUNSELING SERVICES

Psychological and counseling services are those services provided by a licensed psychologist, licensed professional counselor or a licensed clinical social worker within the scope of the practice of the respective professions.

Psychological and counseling services may include individual and group therapy; consultation with providers and care givers directly involved with the individual; development and monitoring of behavior programs; participation in the individual planning process; and counseling for primary care givers (i.e., family members and foster parents) when their needs are related to problems dealing with the child with the disability. Psychological and counseling services available under the Montana State Plan will be used before billing under the waiver.

Psychological and counseling services under the State Plan are limited. Under the waiver, this service is available to adults when the service is recommended by a qualified treatment professional, approved by the planning team and written into the plan of care

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- ☒ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	The psychologist, counselor, or social worker (see above) is an employee of a DD service provider agency under contract with the DDP.
Agency	An agency providing counseling and therapy services as defined above and enrolled as a Montana Medicaid provider.
Individual	Licensed Professional Counselor, enrolled as a Medicaid provider
Individual	Licensed Clinical Social Worker, enrolled as a Medicaid provider
Agency	Licensed Psychologist, enrolled as a Medicaid provider

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Psychological Services

Provider Category:

Agency ☒

Provider Type:

The psychologist, counselor, or social worker (see above) is an employee of a DD service provider agency under contract with the DDP.

Provider Qualifications

License (specify):

Licensed in accordance with Montana ARM
 24.219.504

Certificate (specify):

Other Standard (specify):

All agencies with a DDP contract for providing direct client services will have a completed criminal background check for all employees. In addition, the ARM and MCA site references for these professionals apply.

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Psychological Services

Provider Category:

Agency ☒

Provider Type:

An agency providing counseling and therapy services as defined above and enrolled as a Montana Medicaid provider.

Provider Qualifications

License (specify):

Licensed in accordance with Montana ARM
 24.219.504

Certificate (specify):

Other Standard (specify):

The ARM and MCA site references for these professionals apply.

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Psychological Services

Provider Category:

Individual 

Provider Type:

Licensed Professional Counselor, enrolled as a Medicaid provider

Provider Qualifications

License (specify):

Licensed in accordance with Montana ARM

24.219.604

Certificate (specify):

Other Standard (specify):

ARM 24.219.101 through 24.219.615 governing the licensure of persons practicing professional counseling

MCA 37-23-101 through 37.23.311 outlines the licensure requirements for a licensed professional counselor.

ARM 37.34.971 and 37.34.972

Criminal background check

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Psychological Services

Provider Category:

Individual 

Provider Type:

Licensed Clinical Social Worker, enrolled as a Medicaid provider

Provider Qualifications

License (specify):

Licensed in accordance with Montana ARM

24.219.504

Certificate (specify):

Other Standard (specify):

ARMS 24.219.101 through 24.219.615 govern the licensure of persons licensed to practice clinical social work

MCA-37.22.101 through 37.22.411 outlining the requirements for licensed clinical social workers.
 ARM 37.34.971 and ARM 37.34.972
 Criminal background check

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Psychological Services

Provider Category:

Agency 

Provider Type:

Licensed Psychologist, enrolled as a Medicaid provider

Provider Qualifications

License (specify):

Licensed in accordance with Montana ARM 24.189.601

Certificate (specify):

Other Standard (specify):

ARM 24.189.101 through 24.189.823 governing the licensure of persons licensed to practice psychology.

MCA 37-17-101 through 37-17-318 outlining the qualifications of a licensed psychologist

ARM 37.34.971 and 37.34.972

Criminal background check

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Extended State Plan Service 

Service Title:

Speech Therapy

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☒ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition (Scope):**SPEECH THERAPY SERVICES**

These services will be provided through direct contact between therapist and waiver recipient as well as between the therapist and other people providing services to the individual.

Speech therapy services may include:

1. Screening and evaluation of individuals with respect to speech and hearing functions;
2. Comprehensive speech and language evaluations when indicated by screening results;
3. Participation in the continuing interdisciplinary evaluation of individuals for purposes of beginning, monitoring and following up on individualized habilitation programs; and
4. Treatment services as an extension of the evaluation process, which include:
 - Consultation with appropriate people involved with the individual for speech improvement and speech education activities to design specialized programs for developing each individual's communication skills in comprehension, including speech, reading, auditory training, and skills in expression.

Therapists will also provide training to staff and caregivers who work directly with waiver recipients.

Speech therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- ☒ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☒ Relative
- ☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	DD service provider agency employing qualified speech therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.
Agency	An agency providing speech therapy services and enrolled as a Montana Medicaid provider.
Individual	Licensed speech language pathologist (AKA, speech therapist), enrolled as a Montana Medicaid provider.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Extended State Plan Service

Service Name: Speech Therapy

Provider Category:

Agency ☒

Provider Type:

DD service provider agency employing qualified speech therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.

Provider Qualifications

License (specify):

Licensed in accordance with applicable ARMs 24.222.101 through 24.222.307

Certificate (specify):

Other Standard (specify):

MCA 37.15-101 through 37.15-323 shall apply.

ARM 37.34.956 and 37.34.957 apply.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Extended State Plan Service****Service Name: Speech Therapy****Provider Category:**Agency ☐**Provider Type:**

An agency providing speech therapy services and enrolled as a Montana Medicaid provider.

Provider Qualifications**License (specify):**

Licensed in accordance with applicable ARMs 24.222.101 through 24.222.307

Certificate (specify):**Other Standard (specify):**

MCA 37.15-101 through 37.15-323 shall apply.

ARM 37.34.956 and 37.34.957 apply.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Extended State Plan Service****Service Name: Speech Therapy****Provider Category:**Individual ☐**Provider Type:**

Licensed speech language pathologist (AKA, speech therapist), enrolled as a Montana Medicaid provider.

Provider Qualifications**License (specify):**

Licensed in accordance with applicable ARMs 24.222.101 through 24.222.307

Certificate (specify):**Other Standard (specify):**

MCA 37.15-101 through 37.15-323 shall apply.

ARM 37.34.956 and 37.34.957 apply.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Adult Companion Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☒ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition (Scope):

Non-medical care, supervision and socialization, provided to a functionally impaired individual. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and is not purely diversional in nature.

Companion services are not available to persons receiving 24/7 DDP waiver funded supports and supervision (e.g., persons residing in a DD group home or in assisted living).

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- ☒ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☒ Relative
- ☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	The staff person providing the companion service will be an employee of the agency under contract with the DDP.

Appendix C: Participant Services

C-1/C-3: Service Specifications for Service

Service Type: Other Service**Service Name: Adult Companion Services**

Provider Category:Agency ☐**Provider Type:**

The staff person providing the companion service will be an employee of the agency under contract with the DDP.

Provider Qualifications**License (specify):****Certificate (specify):**

Qualified provider contracting with the DDP.

Other Standard (specify):

The DDP QIS will verify the individual has received training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, College of Direct Support, CPR training and any specialty training relating to the needs of individual served, as outlined in the plan of care. Persons assisting with meds will be certified according to rule. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check. Person providing service must be 16 or older. If transportation is required, the requirements outlined in ARM 34.37.967 and 34.37.968 will apply.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Initially, The DDP Regional Manager as part of the Qualified Provider Application Process.

Ongoing- DDP QA Review Process, conducted by the QIS, for a sample review of compliance with the staffing requirements.

Frequency of Verification:

DDP annual QA review.

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:Other Service ☐

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Adult Foster Support

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☒ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition (Scope):

This service pays for extraordinary supervision and support by a principal care giver licensed as an adult foster care provider who lives in the home. The total number of service recipients (including participants served in the waiver) living in the adult foster home, who are unrelated to the principal care provider, cannot exceed four persons (ARM 37.100.121).

Residential skill acquisition training is available to recipients of the adult foster support service. Skill acquisition training, if needed, will be provided in the adult foster home in accordance with assessed needs and desires of the individual as outlined in the plan of care. This training will be delivered by staff meeting the qualified provider standards for residential training support. The RTS service recipient receives training to increase independence in health care, self care, safety and access to and use of community services. The individual plan of care, based upon the results of formal assessment and identification of needs, provides the general goals and specific objectives toward which training efforts are directed. Each training objective is specified in the plan of care and is clearly related to the individual's long term goal and is not simply busywork or diversional in nature.

Residential training supports delivered in the context of an adult foster home will be invoiced, reimbursed and reported as a separate service, and rolled back into the adult foster support service for the purpose of Federal reporting.

Payments for adult foster support are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement. Payment for adult foster support does not include payments made, directly or indirectly, to members of the participant's immediate family. The methodology by which the costs of room and board are excluded from payments for adult foster support is described in Appendix I.

Payment to an adult foster care provider is available to assist in placing and maintaining persons with extraordinary support needs in licensed adult foster care settings. Reimbursements are based on assessments completed by the Adult Targeted Case Manager. Payments are based on the service recipient meeting a required threshold in the hours of direct support and supervision required of the foster care provider.

The net effect of this service option is to strengthen the foster home network available to serve adults with developmental disabilities who would otherwise require services in more restrictive and costly service settings (e.g., an ICF-MR or an adult group home).

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

DDP will reimburse the adult foster care provider for no more than four people. Persons with varying supervision needs can be served with adult foster supports, but the adult foster support reimbursement to a single foster home cannot exceed the adult foster supports reimbursement rate for serving one person with intensive support needs.

Residential training supports delivered in the context of an adult foster home will be invoiced, reimbursed and reported as a separate and distinct service from the adult foster support service. Reimbursements for the service will be rolled into the cost of AFS for the purpose of Federal reporting.

Provision has been made in the AFS qualified provider standards for the Adult Foster Care provider to provide AFS only, or both AFS and RTS. In the event the AFS provider is not qualified to provide RTS, RTS will be made available by a qualified employee of an agency with a DDP contract.

Separate payment is not made for homemaker or chore services furnished to a participant receiving adult foster care services, since these services are integral to and inherent in the provision of adult foster care services.

Service Delivery Method (check each that applies):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Adult Foster Supports AND Residential Training Support
Individual	Adult Foster Supports Only

Agency	Residential Training Support Only
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Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Adult Foster Support

Provider Category:

Individual 

Provider Type:

Adult Foster Supports AND Residential Training Support

Provider Qualifications

License (specify):

MCA 50-5-101 through

MCA 50-5-216

Certificate (specify):

Other Standard (specify):

ARM 37.100.101 through 37.100.175

In addition, the adult foster care provider will be an employee of an agency with a DDP contract, authorized to provide Residential Training Supports. All the standards outlined for Residential Training Supports will apply.

Verification of Provider Qualifications

Entity Responsible for Verification:

Quality Assurance Division licensing worker, employed by the Department of Public Health and Human Services.

DDP QIS, in the completion of the annual QA report.

Frequency of Verification:

Annual verification of licensure status.

DDP annually reviews compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Adult Foster Support

Provider Category:

Individual 

Provider Type:

Adult Foster Supports Only

Provider Qualifications

License (specify):

MCA 50-5-101 through

MCA 50-5-216

Certificate (specify):

Other Standard (specify):

ARM 37.100.101 through 37.100.175

Verification of Provider Qualifications

Entity Responsible for Verification:

Quality Assurance Division licensing worker, employed by the Department of Public Health and Human

Services.

DDP QIS, in the completion of the annual QA report.

Frequency of Verification:

Annual verification of licensure status.

DDP annually reviews compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Adult Foster Support

Provider Category:

Agency ☐

Provider Type:

Residential Training Support Only

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Residential Training Supports (RTS) is reimbursable only when delivered to a recipient living in a licensed adult foster home funded under Adult Foster Supports. The staff person providing RTS works for an agency with a DDP contract.

The service requirements outlined in ARM 37.34.937 through 37.34.942 shall apply. The staffing rule as outlined in ARM 37.34.2107. The individual will receive training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, College of Direct Supports, CPR training and any specialty training relating to the need of the individual served, as outlined in the plan of care. Persons assisting with meds will be certified in accordance with ARM 37.34.114. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check. Persons providing residential supports training will be 18 years of age.

Verification of Provider Qualifications

Entity Responsible for Verification:

DDP Regional Manager as part of the qualified provider application process.

DDP QA review process, conducted by the QIS, for a sample review of the staffing requirements for ongoing re-evaluation.

Frequency of Verification:

Prior to the initiation of a DDP contract.

DDP QIS staff reviews compliance with residential training supports QP standards, on a sample basis, annually.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service ☐

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Assisted Living

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☒ Service is included in approved waiver. There is no change in service specifications.
- ☐ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition (Scope):

Payments for services rendered in an assisted living facility, including personal care, homemaker services, medication oversight, social and recreation activities, 24 hour on site response staff to meet the unpredictable needs of recipients and supervision for safety and security. Separate payment will not be made for those services integral to and inherent in the provision of the personal care facility service.

Payments for assisted living facility services are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep or improvements. Payment for personal care facility support does not include payments made, directly or indirectly, to members of the recipient's immediate family.

This service is targeted only for those individuals with developmental disability who function as elderly due to age and/or specific handicapping condition and/or physically handicapping conditions or impairment precluding placement in a less restrictive setting. Persons with DD will have similar handicapping conditions to other persons in this service, generally this means persons who would otherwise be unable to safely and cost-effectively remain at home. Persons in this service option are not precluded from attending DD waiver-funded work/day or supported employment options.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Separate payment is not made for homemaker or chore services or personal care services furnished to a participant receiving assisted living services, since these services are integral to and inherent in the provision of assisted living services. Residential training supports and residential habilitation are not available to a person residing in an assisted living setting.

Service Delivery Method (check each that applies):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Licensed Assisted Living Facility.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assisted Living

Provider Category:

Agency ☒

Provider Type:

Licensed Assisted Living Facility.

Provider Qualifications

License (specify):

Licensed in accordance with MCA 50-5-101
MCA 50-5-225 through 50-5-228

Certificate (specify):

Other Standard (specify):

ARMs 37.106.2801 through 37.106.2908 apply.

Verification of Provider Qualifications

Entity Responsible for Verification:

Quality Assurance Division of DPHHS

DDP QIS, in the completion of the annual QA report.

Frequency of Verification:

Licensure status reviewed annually by QAD

Licensure status reviewed annually during the DDP QA review.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Caregiver Training and Support

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☒ Service is included in approved waiver. There is no change in service specifications.
- ☐ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition (Scope):

Caregiver training and support are services for individuals who provide unpaid support, training, companionship or supervision to participants. For purposes of this service, individual is defined as any person, family member, neighbor, friend, companion, or co-worker who provides uncompensated care, training, guidance, companionship or support to a person served on the waiver. This service may not be provided in order to train paid caregivers. Training includes instruction about treatment regimens and other services included in the service plan, use of equipment specified in the service plan, and includes updates as necessary to safely maintain the participant at home. Support must be aimed at assisting the unpaid caregiver in meeting the needs of the participant. All training for individuals who provide unpaid support to the participant must be included in the participant's service plan.

- Training furnished to persons who provide uncompensated care and support to the participant must be directly related to their role in supporting the participant in areas specified in the service plan.
- Counseling similarly must be aimed at assisting unpaid individuals who support the participant to understand and address participant needs.
- FFP is available for the costs of registration and training fees associated with formal instruction in areas relevant to participant needs identified in the service plan. FFP is not available for the costs of travel, meals and overnight lodging to attend a training event or conference.

Services to be provided do not duplicate case management services. The role of the staff person providing Caregiver

Training and Support is defined by the planning team.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is only available to persons living in a family setting or private non-congregate residence where support and supervision is provided by unpaid care givers. It is not available to persons living in group homes, assisted living facilities, or foster homes when the foster care provider is paid for support and supervision.

Service Delivery Method (*check each that applies*):

- ☒ Participant-directed as specified in Appendix E
☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
☐ Relative
☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Family Support Specialist (FSS). The FSS is employed by an agency under contract with the DDP.
Agency	A Caregiver Training and Support (CTS) worker employed by an agency with a DDP contract

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Caregiver Training and Support

Provider Category:

Agency ☒

Provider Type:

Family Support Specialist (FSS). The FSS is employed by an agency under contract with the DDP.

Provider Qualifications

License (*specify*):

NA

Certificate (*specify*):

Certification in accordance with ARM 37.34.926 and DDP policies regarding the FSS certification.

Other Standard (*specify*):

Other rules pertaining to staff competencies and requirements in accordance with ARM 37.34.925 and 37.34.2106

Verification of Provider Qualifications

Entity Responsible for Verification:

DDP Regional Manager as part of qualified provider application process.

Frequency of Verification:

DDP Regional Manager Prior to initiation of contract.

The DDP Quality Improvement Specialist will sample provider compliance as part of the annual quality assurance review.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Caregiver Training and Support

Provider Category:

Agency **Provider Type:**

A Caregiver Training and Support (CTS) worker employed by an agency with a DDP contract

Provider Qualifications**License (specify):**

NA

Certificate (specify):

NA

Other Standard (specify):

This position requires a BA degree in a human services field and a minimum of 3 years of experience in the field of developmental disabilities services.

Verification of Provider Qualifications**Entity Responsible for Verification:**

DDP Regional Manager as part of qualified provider application process.

Frequency of Verification:

DDP Regional Manager as part of qualified provider application process prior to the initiation of the DDP contract

The DDP quality improvement specialist will sample provider compliance annually, as part of the annual quality assurance process.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Community Transition Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☒ **Service is included in approved waiver. There is no change in service specifications.**
- ☐ **Service is included in approved waiver. The service specifications have been modified.**
- ☐ **Service is not included in the approved waiver.**

Service Definition (Scope):

Community Transition Services are non-recurring set-up expenses for individuals who are transitioning from an institution to a DDP waiver funded HCBS residential service. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include:

- a. Security deposits required to obtain a lease on an apartment or home.
- b. Essential household furnishings and moving expenses required to occupy and use a community domicile, including furniture, window coverings, food preparation items and bath/bed linens.
- c. Set-up fees or deposits for utility or services access, including telephone, electricity, heating and water.
- d. Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy.
- e. Moving expenses.
- f. Necessary home accessibility adaptations.
- g. Activities to assess need, arrange for and procure needed resources.

Community transition services are furnished only to the extent that they are reasonable and necessary through the service plan development process, clearly identified in the service plan and the person is unable to meet such expense or when the services cannot be obtained from other sources. Community transition services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes, such as television, cable TV access or VCRs

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is capped at \$3,000 per person, per transition.

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
☒ Relative
☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	DD service provider agency under contract with the DDP for the provision of adult residential supports.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Community Transition Services

Provider Category:

Agency ☒

Provider Type:

DD service provider agency under contract with the DDP for the provision of adult residential supports.

Provider Qualifications

License (*specify*):

Group home, assisted living and foster home licensure site references are listed elsewhere.

Certificate (*specify*):

Other Standard (*specify*):

Provider requirements for unlicensed residential sites would be found under the residential habilitation staffing requirements. This includes supports to persons in their natural homes, own apartments, or transitional living (supported living, congregate) apartments.

Verification of Provider Qualifications

Entity Responsible for Verification:

PHHS Quality Assurance Division (QAD) for compliance with group home, foster home and assisted living licensing standards, if applicable.

The DDP waiver funded service provider responsible for the HCBS placement, for meeting residential standards in unlicensed settings, and for verifying the standards in licensed settings. Also, for ensuring the conditions and terms of the Community Transitional Services Plan is carried out in accordance with the pre-authorized agreement.

DDP QA Review Process, conducted by the QIS, to review compliance with the conditions of the community transitional services agreement. Were the agreed-upon goods and services purchased with funds allocated for this purpose?

Frequency of Verification:

QAD licensing status is reviewed annually in settings requiring licensure.

DDP QIS staff annually review compliance with residential habilitation staffing standards, on a sample basis. Alternatively, the QIS will verify the licensure status of placements in foster homes, assisted living and group homes.

The QA Review process is annual.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Dietician

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☒ Service is included in approved waiver. There is no change in service specifications.
- ☐ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition (Scope):

DIETITIAN SERVICES

These services provided by a registered dietitian or licensed nutritionist include meal planning, consultation with and training for care givers, and education for the individual served. The service does not include the cost of meals. Dietitian services are not available under Montana's State Plan.

This service must be cost effective and necessary to prevent institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- ☒ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☒ Relative
- ☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	DD service provider agency employing qualified nutritionists or dietitians as defined in the ARM and MCA sites in this section, under contract with the DDP.
Individual	Licensed nutritionist, enrolled as a Montana Medicaid provider.

Agency	An agency providing nutritionist or dietician services and enrolled as a Montana Medicaid provider.
Individual	Registered Dietician, enrolled as a Montana Medicaid provider

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Dietician

Provider Category:

Agency 

Provider Type:

DD service provider agency employing qualified nutritionists or dieticians as defined in the ARM and MCA sites in this section, under contract with the DDP.

Provider Qualifications

License (*specify*):

MCA 37-21-101

through 37-21-406

Certificate (*specify*):

Other Standard (*specify*):

ARM 24.156.1301 through ARM 24.156.1308

ARM 37.34.978 and ARM 37.34.979

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Dietician

Provider Category:

Individual 

Provider Type:

Licensed nutritionist, enrolled as a Montana Medicaid provider.

Provider Qualifications

License (*specify*):

MCA 37-25-101 through 37-25-308

Certificate (*specify*):

Other Standard (*specify*):

ARM 24.156.1301 through ARM 24.156.1308

ARM 37.34.978 and ARM 37.34.979

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Dietician

Provider Category:Agency **Provider Type:**

An agency providing nutritionist or dietician services and enrolled as a Montana Medicaid provider.

Provider Qualifications**License (specify):**

MCA 37-21-101

through 37-21-406

Certificate (specify):**Other Standard (specify):**

ARM 24.156.1301 through ARM 24.156.1308

ARM 37.34.978 and ARM 37.34.979

Verification of Provider Qualifications**Entity Responsible for Verification:**

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Other Service
Service Name: Dietician

Provider Category:Individual **Provider Type:**

Registered Dietician, enrolled as a Montana Medicaid provider

Provider Qualifications**License (specify):**

MCA 37-21-101

through 37-21-406

Certificate (specify):**Other Standard (specify):**

ARM 24.156.1301 through ARM 24.156.1308

ARM 37.34.978 and ARM 37.34.979

Verification of Provider Qualifications**Entity Responsible for Verification:**

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through

the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Environmental Modifications/Adaptive Equipment

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☒ **Service is included in approved waiver. There is no change in service specifications.**
- ☐ **Service is included in approved waiver. The service specifications have been modified.**
- ☐ **Service is not included in the approved waiver.**

Service Definition (Scope):

Environmental Modifications/Adaptive Equipment

Environmental Modifications:

Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual.

In addition to the above, environmental modifications services are measures that provide the recipient with accessibility and safety in the environment so as to maintain or improve the ability of the recipient to remain in community settings and employment. Environmental modifications may be made to a recipient's home or vehicle (wheelchair lift, wheelchair lock down devices, adapted driving controls, etc) for the purpose of increasing independent functioning and safety or to enable family members or other care givers to provide the care required by the recipient. An environmental modification provided to a recipient must:

- (a) relate specifically to and be primarily for the recipient's disability;
- (b) have utility primarily for a person who has a disability;
- (c) not be an item or modification that a family would normally be expected to provide for a non-disabled family member;
- (d) not be in the form of room and board or general maintenance;
- (e) meet the specifications, if applicable, for the modification set by the American national standards institute (ANSI).
- (f) be prior authorized jointly by the provider's board of directors and the DDP if the cost of the project may exceed \$4,000.

Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.

Adaptive Equipment:

Adaptive equipment necessary to obtain and retain employment or to increase independent functioning in completing activities of daily living when such equipment is not available through other sources may be provided. Adaptive equipment as needed to enable family members or other care givers to provide the care needed by the individual.

A comprehensive list is not possible because sometimes items are created (invented) to meet the unique adaptive needs of the individual, for example, an adult-sized "changing table" to enable a care giver to diaper and dress a person who has severe physical limitations; or specially designed switches that an individual with physical limitations can use to accomplish other tasks. Adaptive equipment will conform to the following criteria:

- (a) relate specifically to and be primarily for the recipient's disability;
- (b) have utility primarily for a person who has a disability;
- (c) not be an item or modification that a family would normally be expected to provide for a non-disabled family

member;

(d) not be in the form of room and board or general maintenance;

(e) meet the specifications, if applicable, for the modification set by the American National Standards Institute (ANSI).

(f) be prior authorized jointly by the provider's Board of Directors and the DDP if the cost of the project may exceed \$4,000.

Specify applicable (if any) limits on the amount, frequency, or duration of this service: _____

Service Delivery Method (check each that applies):

- ☒ Participant-directed as specified in Appendix E
☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
☒ Relative
☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Environmental modifications: A construction firm, qualified to perform the work.
Individual	Environmental modifications: Independent Contractor qualified to perform the required work, under subcontract with a contracted DDP service provider agency
Individual	Adaptive Equipment: Independent Contractor, qualified to provide the required equipment.
Agency	Environmental modifications: DD Service Provider contracting with the DDP, qualified to perform the work.
Agency	Adaptive Equipment: Enrolled Medicaid provider or legal entity capable of providing the adaptive equipment.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Environmental Modifications/Adaptive Equipment

Provider Category:

Agency 

Provider Type:

Environmental modifications: A construction firm, qualified to perform the work.

Provider Qualifications

License (specify): _____

Certificate (specify): _____

Other Standard (specify):

ARM 37.34.960 and 37.34.961

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/0, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards. Work performed or equipment delivered would be reviewed as part of the QA sampling process.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Other Service**Service Name: Environmental Modifications/Adaptive Equipment**

Provider Category:Individual ☒**Provider Type:**

Environmental modifications: Independent Contractor qualified to perform the required work, under subcontract with a contracted DDP service provider agency

Provider Qualifications**License (specify):** _____**Certificate (specify):** _____**Other Standard (specify):**

ARM 37.34.960 and 37.34.961

Verification of Provider Qualifications**Entity Responsible for Verification:**

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process. Work or equipment would be reviewed as part of the QA sampling process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Other Service**Service Name: Environmental Modifications/Adaptive Equipment**

Provider Category:Individual ☒**Provider Type:**

Adaptive Equipment: Independent Contractor, qualified to provide the required equipment.

Provider Qualifications**License (specify):** _____**Certificate (specify):** _____**Other Standard (specify):**

ARM 37.34.962 and 37.34.963 for services not available under the State Plan.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process. Work or equipment would be reviewed as part of the QA sampling process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Other Service

Service Name: Environmental Modifications/Adaptive Equipment

Provider Category:

Agency ☐

Provider Type:

Environmental modifications: DD Service Provider contracting with the DDP, qualified to perform the work.

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

ARM 37.34.960 and 37.34.961

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards. Work performed or equipment delivered would be reviewed as part of the QA sampling process.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Environmental Modifications/Adaptive Equipment

Provider Category:

Agency ☐

Provider Type:

Adaptive Equipment: Enrolled Medicaid provider or legal entity capable of providing the adaptive equipment.

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

ARM 37.34.962 and 37.34.963 for services not available under the State Plan.

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards. Work performed or equipment delivered would be reviewed as part of the QA sampling process.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Individual Goods and Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☒ **Service is included in approved waiver. There is no change in service specifications.**
- ☐ **Service is included in approved waiver. The service specifications have been modified.**
- ☐ **Service is not included in the approved waiver.**

Service Definition (Scope):

Individual Goods and Services are services, supports or goods that enhance opportunities to achieve outcomes related to living arrangements, relationships, inclusion in the community and work as clearly identified and documented in the service plan. Items or services under individual goods and services fall into the following categories:

***Membership/Fees:** fitness memberships, tuition/classes, summer day programs, social membership (for example: Sierra Club, outdoor clubs, rotary club, friendship clubs and girl scouts) and socialization supports (for example: fees associated with participating in Special Olympics and community events such as the annual pancake breakfast, community picnics, fairs, art shows and cultural events and

***Devices/Supplies:** batteries for hearing aids and batteries for assistive technology devices, nutritional supplements, diapers, instructional supplies, instructional books and computers.

Items covered under individual goods and services must meet the following requirements:

- The item or service is designed to meet the participant's functional, medical or social needs and advance the desired outcomes in his/her plan of care;
- The item or service is not prohibited by Federal or State statutes or regulations;
- One or more of the following additional criteria are met:
 1. The item or service would increase the participants functioning related to the disability;
 2. The item or service would increase the participants safety in the home environment; or
 3. The item or service would decrease dependence on other medicaid services;
- The item or service is not available through another source; and
- The service does not include experimental goods/services.

Recreational activities provided under Individual Goods and Services may be covered only to the degree that they are not diversional in nature and are included in a planning objective related to a specific therapeutic goal.

Montana assures that services, supports or goods provided under this definition are not covered under the Individuals with Disabilities Education Act (IDEA) or Section 110 of the Rehabilitation Act or available through any other public funding mechanism.

Individual goods and services must be approved by the planning team prior to purchase and reimbursement. In addition, goods and services purchased on behalf of the recipient by legal guardians, legally responsible persons, or other non-employees acting on behalf of the recipient are reimbursable only if receipts for such purchases are submitted to the agency with a DDP contract. The receipts are reimbursable only if all the requirements listed above have been met.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Goods and services projected to exceed \$2,000 (annual aggregate) require prior approval by the DDP Regional Manager.

Service Delivery Method (check each that applies):

- ☒ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by (check each that applies):

- ☒ Legally Responsible Person
☒ Relative
☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agency With a DDP Contract.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Individual Goods and Services

Provider Category:

Agency 

Provider Type:

Agency With a DDP Contract.

Provider Qualifications

License (specify):

NA

Certificate (specify):

NA

Other Standard (specify):

A qualified provider designated to either reimburse the individual for the procurement of individual goods and services, or for providing the requested goods and services is responsible for meeting all the requirements outlined in the DDP contract.

Verification of Provider Qualifications

Entity Responsible for Verification:

The DDP Regional Manager is initially responsible for verifying compliance with the contracting requirements, prior to the initiation of the contract.

The DDP QIS will verify ongoing compliance by verifying that a sample of the goods and services purchased on behalf of recipients meets the requirements outlined in the definition of this service.

Frequency of Verification:

The DDP Regional Manager is initially responsible for verifying compliance with the contracting requirements.

The DDP QIS will verify ongoing compliance by verifying that a sample of the goods and services purchased on behalf of recipients meets the requirements outlined in the definition of this service. The sampling methodology is part of the annual quality assurance review process.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Meals

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☒ Service is included in approved waiver. There is no change in service specifications.
- ☐ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition (Scope):

MEALS SERVICES

This service provides hot or other appropriate meals once or twice a day, up to seven days a week. A full nutritional regimen (three meals per day) will not be provided, in keeping with the exclusion of room and board as covered services.

Some individuals need special assistance with their diets and the special meals service can help ensure that these individuals would receive adequate nourishment. This service will only be provided to individuals who are not eligible for these services under any other source, or need different or more extensive services than are otherwise available. This service must be cost effective and necessary to prevent institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- ☒ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☒ Relative
- ☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Enrolled Medicaid provider agency licensed to deliver meals

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Meals

Provider Category:

Agency ☒

Provider Type:

Enrolled Medicaid provider agency licensed to deliver meals

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

ARM 37.34.980 and 37.34.981

Program authorized as outlined in 42 USC 3030e Subpart b2, Sections 336 and 337

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Personal Care

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☒ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition (Scope):

PERSONAL CARE SERVICES

Personal Care Services Include:

1. Assistance with personal hygiene, dressing, eating and ambulatory needs of the individual; and
2. Performance of household tasks incidental to the person's health care needs or otherwise necessary to contribute to maintaining the individual at home;
3. Supervision for health and safety reasons.

Payment will not be made for personal care services furnished by a member of the individual's family.

Frequency or intensity will be as indicated in the plan of care.

Personal care services under the State plan differ in service definition or provider type from the services to be offered under the waiver. Under the waiver, RN supervision of the personal care worker is not required.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is available under the waiver only if the scope, amount or duration of the available Medicaid State Plan Personal Care is insufficient in meeting the needs of the recipient. Personal care may be bundled with other services when delivered as a component of Self-Directed Services and Supports (SDSS) and is therefore not available as a discrete service to persons receiving SDSS.

Service Delivery Method (check each that applies):

- ☒ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☒ Relative

☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Home health agency employee
Agency	DD service provider agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Personal Care

Provider Category:

Agency ☐

Provider Type:

Home health agency employee

Provider Qualifications

License (specify):

Agencies are licensed, bonded and insured to deliver personal care services, and enrolled as a Medicaid provider.

Certificate (specify):

Other Standard (specify):

ARM 37.34.933

ARM 37.34.934

The employer will maintain documentation verifying the direct services worker has an acceptable criminal background check.

Verification of Provider Qualifications

Entity Responsible for Verification:

Applicable standards are verified by the DD service provider agency contracting with the home health agency providing the service.

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

As needed by the provider, prior to authorization of payment.

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Personal Care

Provider Category:

Agency ☐

Provider Type:

DD service provider agency

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

In addition to the above standards, the employee must receive training within 30 days of hire encompassing abuse reporting, client rights, client confidentiality, first aid and CPR training, and any specialized training unique to the needs of the individual, as outlined in the plan of care. Persons assisting with meds will be med certified in accordance with ARM 37.34.114.

Verification of Provider Qualifications

Entity Responsible for Verification:

For DDP waiver funded services, the DDP Regional Manager initially reviews as part of the qualified provider application process.

DDP QA review, conducted by the QIS, for a sample review of the staffing requirements for compliance with applicable ARMs.

Frequency of Verification:

Prior to the initiation of a DDP contract.

DDP annual QA review for children's and adult services.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Private Duty Nursing

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☒ **Service is included in approved waiver. There is no change in service specifications.**
- ☐ **Service is included in approved waiver. The service specifications have been modified.**
- ☐ **Service is not included in the approved waiver.**

Service Definition (Scope):

PRIVATE DUTY NURSING

Private Duty Nursing service is to provide medically necessary nursing services to individuals when these services exceed the established Medicaid limits or are different from the service provided under the State Plan. They will be provided where they are needed, whether in the home or in the individual's day activity setting.

Services may include medical management, direct treatment, consultation, and training for the individual and/or his caregivers.

Nursing services provided under the home health requirement of the State Plan are limited and are only available to individuals considered "home bound" and in need of acute nursing care. Nursing services other than direct treatment are not available through a home health agency. Waiver recipients, particularly those coming out of the State's ICF's/MR, may be quite medically involved. State Plan nursing services may only be provided in group homes or other places of residence, while some waiver beneficiaries need nursing services in day programs or otherwise outside the home. Nursing homes are no longer service options for the vast majority of people with developmental disabilities.

Nursing services must be specified in the plan of care. It must be ordered in writing by the individual's physician and it must be delivered by a registered nurse (RN) or a licensed practical nurse (LPN). Waiver nursing services will be used after the home health nursing limits have been reached, or if the service required is different from that authorized under the State Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- ☒ Participant-directed as specified in Appendix E
☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
☒ Relative
☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	An agency providing qualified LPN or RN services and enrolled as a Montana Medicaid provider.
Individual	Registered Nurse, enrolled as a Montana Medicaid provider.
Individual	Licensed Practical Nurse, enrolled as a Montana Medicaid provider.
Agency	DD service provider agency providing qualified RN or LPN services, as defined in the ARM and MCA sites in this section, under contract with the DDP.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Private Duty Nursing

Provider Category:

Agency ☒

Provider Type:

An agency providing qualified LPN or RN services and enrolled as a Montana Medicaid provider.

Provider Qualifications

License (specify):

Registered in accordance with MCA 37-8-101 through 37-8-444

Certificate (specify):

Other Standard (specify):

ARM 37.34.973 and 37.34.974 apply

ARMS 8.32.101 through 8.32.507 apply

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Private Duty Nursing

Provider Category:

Individual ☐**Provider Type:**

Registered Nurse, enrolled as a Montana Medicaid provider.

Provider Qualifications**License (specify):**

Registered in accordance with MCA 37-8-101 through 37-8-444

Certificate (specify):**Other Standard (specify):**

ARM 37.34.973 and 37.34.974 apply

ARMS 8.32.101 through 8.32.507 apply

Verification of Provider Qualifications**Entity Responsible for Verification:**

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Private Duty Nursing****Provider Category:**Individual ☐**Provider Type:**

Licensed Practical Nurse, enrolled as a Montana Medicaid provider.

Provider Qualifications**License (specify):**

Registered in accordance with MCA 37-8-101 through 37-8-444

Certificate (specify):**Other Standard (specify):**

ARM 37.34.973 and 37.34.974 apply

ARMS 8.32.101 through 8.32.507 apply

Verification of Provider Qualifications**Entity Responsible for Verification:**

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Private Duty Nursing****Provider Category:**Agency ☐**Provider Type:**

DD service provider agency providing qualified RN or LPN services, as defined in the ARM and MCA sites in this section, under contract with the DDP.

Provider Qualifications**License (specify):**

Registered in accordance with MCA 37-8-101 through 37-8-444

Certificate (specify):

Other Standard (specify):

ARM 37.34.973 and 37.34.974 apply

ARMS 8.32.101 through 8.32.507 apply

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Respiratory Therapy

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☒ Service is included in approved waiver. There is no change in service specifications.
- ☐ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition (Scope):

These services are provided by a licensed respiratory therapist and may include direct treatment to the individual, ongoing assessment of the person's medical conditions, equipment monitoring and upkeep, and pulmonary education and rehabilitation. Without these services, individuals with severe pulmonary conditions would have to be institutionalized.

This service must be cost effective and necessary to prevent institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- ☒ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☒ Relative
- ☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title

Agency	DD service provider agency providing qualified respiratory care services, as defined in the ARM and MCA sites in this section, under contract with the DDP.
Individual	Licensed Respiratory Care Practitioner (therapist), enrolled as a Montana Medicaid provider
Agency	An agency providing qualified respiratory care services and enrolled as a Montana Medicaid provider

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Respiratory Therapy

Provider Category:

Agency ☐

Provider Type:

DD service provider agency providing qualified respiratory care services, as defined in the ARM and MCA sites in this section, under contract with the DDP.

Provider Qualifications

License (specify):

Licensed in accordance with MCA 37-28-101 through 37-28-305

Certificate (specify):

Other Standard (specify):

ARM 37.34.987 and 37.34.988

ARM 24.213.101 through 24.213.421

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Respiratory Therapy

Provider Category:

Individual ☐

Provider Type:

Licensed Respiratory Care Practitioner (therapist), enrolled as a Montana Medicaid provider

Provider Qualifications

License (specify):

Licensed in accordance with MCA 37-28-101 through 37-28-305

Certificate (specify):

Other Standard (specify):

ARM 37.34.987 and 37.34.988

ARM 24.213.101 through 24.213.421

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Respiratory Therapy

Provider Category:

Agency ☐

Provider Type:

An agency providing qualified respiratory care services and enrolled as a Montana Medicaid provider

Provider Qualifications

License (specify):

Licensed in accordance with MCA 37-28-101 through 37-28-305

Certificate (specify):

Other Standard (specify):

ARM 37.34.987 and 37.34.988

ARM 24.213.101 through 24.213.421

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/08, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/08, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service ☐

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Transportation

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☒ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition (Scope):

TRANSPORTATION SERVICES

Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the plan of care. Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge will be utilized.

Legally responsible persons, relatives, legal guardians and other persons who are not employees of agencies with a

DDP contract may be reimbursed for the provision of rides. In these cases, reimbursement will be less than or equal to the mileage rate set by the Department for a State employee operating a personal vehicle. The mileage rate is based on the operational expense of a motor vehicle and does not include reimbursement for work performed, or the driver's time. Reimbursement for rides provided by legally responsible persons or others must be related to the specific disability needs of a recipient, as outlined in the plan of care. Persons providing transportation must be licensed, insured and drive a registered vehicle, in accordance with the motor vehicle laws of the State of Montana.

Note- Rates for services in residential settings and work/day settings in which paid, on-site primary care givers provide routine, non-medically necessary transportation (community outings, picnics, etc) may include cost of these integrated transportation services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Transportation services are not reimbursable in residential and work/day settings, if the transportation service is folded into the rates for these residential and/or work/day settings. Under no circumstances will medically necessary transportation (transportation to medical services reimbursed under the State Plan) be reimbursed under the waiver if the service is reimbursable under State Plan transportation.

Service Delivery Method (check each that applies):

- ☒ Participant-directed as specified in Appendix E
☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☒ Legally Responsible Person
☒ Relative
☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Transportation provider agency. This agency may or may not be a dedicated transportation provider.
Individual	Individual with a written service agreement.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Transportation

Provider Category:

Agency ☒

Provider Type:

Transportation provider agency. This agency may or may not be a dedicated transportation provider.

Provider Qualifications

License (specify):

Operator will have a motor vehicle license, liability insurance and proof of vehicle registration, in accordance with state laws.

Certificate (specify):

Other Standard (specify):

ARM 37.34.967 and 37.34.968. Person providing the service must be 16 or older. Payment for escort services may not be made under the transportation category. Terms of minimum liability insurance are outlined in the provider contract, under Section 16.2.1 through 16.2.3, Automobile Liability Insurance Coverage.

Verification of Provider Qualifications

Entity Responsible for Verification:

Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.

Frequency of Verification:

Effective 7/1/07, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type:** Other Service**Service Name:** Transportation**Provider Category:**Individual **Provider Type:**

Individual with a written service agreement.

Provider Qualifications**License (specify):**

Operator will have a motor vehicle license, liability insurance and proof of vehicle registration, in accordance with state laws.

Certificate (specify):**Other Standard (specify):**

ARM 37.34.967 and 37.34.968. Person providing the service must be 16 or older. Payment for escort services may not be made under the transportation category.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process

Frequency of Verification:

Effective 7/1/07, DDP will annually review compliance with the QP standards.

Appendix C: Participant Services**C-1: Summary of Services Covered (2 of 2)**

- b. Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (*select one*):

☐ **Not applicable** - Case management is not furnished as a distinct activity to waiver participants.

☒ **Applicable** - Case management is furnished as a distinct activity to waiver participants.

Check each that applies:

☐ **As a waiver service defined in Appendix C-3. Do not complete item C-1-c.**

☐ **As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option). Complete item C-1-c.**

☒ **As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management).**

Complete item C-1-c.

☐ **As an administrative activity. Complete item C-1-c. NOTE: Pursuant to CMS-2237-IFC this selection is no longer available for 1915(c) waivers.**

- c. Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

Case management services to children living in family based settings in the DD waiver are provided by Family Support Specialists (FSS).

The FSS is an employee of a private, non-profit corporation under contract with the Department. Children's case management is funded under the waiver and entitled Waiver-funded Children's Case Management. This service is more intensive than the Targeted Case Management service provided by adult services case managers (below).

Case management services to waiver participants in Department-funded adult services, aged 16 or older, are provided via Adult Targeted Case Management under the Montana State Plan. This is not a waiver-funded service. Adult TCM is an entitlement service.

A very few (less than 10, statewide) children residing in children's group home waiver funded services receive case management under Adult Targeted Case Management.

Appendix C: Participant Services

C-2: General Service Specifications (1 of 3)

- a. **Criminal History and/or Background Investigations.** Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (select one):

- ☐ No. Criminal history and/or background investigations are not required.
- ☒ Yes. Criminal history and/or background investigations are required.

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

a. Name-based criminal background checks from the Montana Department of Justice are required for all persons who work with individuals funded by the DDP. The only exception to this requirement is that background checks are optional for providers of homemaker services. In this case, the recipient or person acting on his behalf may choose to request a no-cost (to the recipient) criminal background check for persons providing this service.

b. Name based criminal background checks are based on criminal records maintained by the Montana Department of Justice. This is a State level repository of criminal records.

c. The Department's quality assurance process requires the DDP QIS to annually sample the corporation employee files for persons working directly with service recipients to ensure background checks are being completed.

Note- DDP developed a statewide policy defining acceptable hiring practices related to background check outcomes resulting from QA activities. The policy outlines the steps taken by the DDP and the provider if problems are found during the on-going monitoring of background check outcomes. The policy will preclude the hiring of certain categories of workers who pose a health, safety or financial risk to recipients and others. This policy became effective 8/1/06, and the QA document will be updated effective 7/1/08 to reflect the new policy requirements.

- b. **Abuse Registry Screening.** Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (select one):

- ☒ No. The State does not conduct abuse registry screening.
- ☐ Yes. The State maintains an abuse registry and requires the screening of individuals through this registry.

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

Appendix C: Participant Services

C-2: General Service Specifications (2 of 3)

c. Services in Facilities Subject to §1616(e) of the Social Security Act. *Select one:*

- ☐ **No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act.**
- ☒ **Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).**
- i. Types of Facilities Subject to §1616(e).** Complete the following table for each type of facility subject to §1616(e) of the Act:

Facility Type
DD group home
Licensed Adult Foster Home
Licensed Assisted Living A,B and C Beds
Transitional living apartments, also known as "Supported Living, Congregate"

- ii. Larger Facilities:** In the case of residential facilities subject to §1616(e) that serve four or more individuals unrelated to the proprietor, describe how a home and community character is maintained in these settings.

Supported living apartments are excluded since these facilities do not share common living areas for persons. In the case of assisted living facilities, and group homes, the qualified provider application documents and PHHS Quality Assurance Division licensing standards ensure that a homelike character is maintained as a prerequisite for licensure.

Appendix C: Participant Services

C-2: Facility Specifications

Facility Type:

DD group home

Waiver Service(s) Provided in Facility:

Waiver Service	Provided in Facility
Supported Employment	<input checked="" type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>
Individual Goods and Services	<input checked="" type="checkbox"/>
WCCM- Waiver-funded Children's Case Management	<input type="checkbox"/>
Environmental Modifications/Adaptive Equipment	<input checked="" type="checkbox"/>
Homemaker	<input type="checkbox"/>
Personal Care	<input checked="" type="checkbox"/>
Respite	<input type="checkbox"/>

Psychological Services	<input checked="" type="checkbox"/>
Private Duty Nursing	<input checked="" type="checkbox"/>
Assisted Living	<input type="checkbox"/>
Adult Foster Support	<input type="checkbox"/>
Day Habilitation	<input checked="" type="checkbox"/>
Occupational Therapy	<input checked="" type="checkbox"/>
Caregiver Training and Support	<input type="checkbox"/>
Respiratory Therapy	<input checked="" type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>
Community Transition Services	<input checked="" type="checkbox"/>
Adult Companion Services	<input type="checkbox"/>
Physical Therapy	<input checked="" type="checkbox"/>
Dietician	<input checked="" type="checkbox"/>
Residential Habilitation	<input checked="" type="checkbox"/>
Meals	<input type="checkbox"/>

Facility Capacity Limit:

Eight is the maximum.

Scope of Facility Standards. For this facility type, please specify whether the State's standards address the following topics (*check each that applies*):

Scope of State Facility Standards	
Standard	Topic Addressed
Admission policies	<input checked="" type="checkbox"/>
Physical environment	<input checked="" type="checkbox"/>
Sanitation	<input checked="" type="checkbox"/>
Safety	<input checked="" type="checkbox"/>
Staff : resident ratios	<input checked="" type="checkbox"/>
Staff training and qualifications	<input checked="" type="checkbox"/>
Staff supervision	<input checked="" type="checkbox"/>
Resident rights	<input checked="" type="checkbox"/>
Medication administration	<input checked="" type="checkbox"/>
Use of restrictive interventions	<input checked="" type="checkbox"/>
Incident reporting	<input checked="" type="checkbox"/>
Provision of or arrangement for necessary health services	<input checked="" type="checkbox"/>

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

Staffing Ratios- DDP will not impose a staffing ratio requirement on adult foster care and assisted living placements. The recipient's planning team and case manager would be involved in matching the recipient's needs to an appropriate facility. Case managers visit recipients in these residences, these facilities are licensed by the Quality Assurance Division, service capacity for these facilities is outlined in the licensing standards and in ARM, and these service sites are reviewed during the annual DDP QA review process.

Appendix C: Participant Services

C-2: Facility Specifications

Facility Type:

Licensed Adult Foster Home

Waiver Service(s) Provided in Facility:

Waiver Service	Provided in Facility
Supported Employment	<input checked="" type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>
Individual Goods and Services	<input checked="" type="checkbox"/>
WCCM- Waiver-funded Children's Case Management	<input type="checkbox"/>
Environmental Modifications/Adaptive Equipment	<input checked="" type="checkbox"/>
Homemaker	<input type="checkbox"/>
Personal Care	<input checked="" type="checkbox"/>
Respite	<input checked="" type="checkbox"/>
Psychological Services	<input checked="" type="checkbox"/>
Private Duty Nursing	<input checked="" type="checkbox"/>
Assisted Living	<input checked="" type="checkbox"/>
Adult Foster Support	<input checked="" type="checkbox"/>
Day Habilitation	<input type="checkbox"/>
Occupational Therapy	<input checked="" type="checkbox"/>
Caregiver Training and Support	<input checked="" type="checkbox"/>
Respiratory Therapy	<input checked="" type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>
Community Transition Services	<input checked="" type="checkbox"/>
Adult Companion Services	<input checked="" type="checkbox"/>
Physical Therapy	<input checked="" type="checkbox"/>
Dietician	<input checked="" type="checkbox"/>
Residential Habilitation	<input type="checkbox"/>
Meals	<input type="checkbox"/>

Facility Capacity Limit:

No more than four persons with DD may reside in an adult foster home.

Scope of Facility Standards. For this facility type, please specify whether the State's standards address the following topics (*check each that applies*):

Scope of State Facility Standards	
Standard	Topic Addressed
Admission policies	<input checked="" type="checkbox"/>
Physical environment	<input checked="" type="checkbox"/>
Sanitation	<input checked="" type="checkbox"/>
Safety	<input checked="" type="checkbox"/>
Staff : resident ratios	<input type="checkbox"/>
Staff training and qualifications	<input checked="" type="checkbox"/>
Staff supervision	<input checked="" type="checkbox"/>
Resident rights	<input checked="" type="checkbox"/>
Medication administration	<input checked="" type="checkbox"/>
Use of restrictive interventions	<input checked="" type="checkbox"/>
Incident reporting	<input checked="" type="checkbox"/>
Provision of or arrangement for necessary health services	<input checked="" type="checkbox"/>

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

Staffing Ratios- DDP will not impose a staffing ratio requirement on adult foster care and assisted living placements. The recipient's planning team and case manager would be involved in matching the recipient's needs to an appropriate facility. Case managers visit recipients in these residences, these facilities are licensed by the Quality Assurance Division, service capacity for these facilities is outlined in the licensing standards and in ARM, and these service sites are reviewed during the annual DDP QA review process.

DDP will reimburse a foster home provider of adult foster supports for no more than two people with enhanced supervision/support needs, or, one person with intensive supervision and support needs.

Appendix C: Participant Services

C-2: Facility Specifications

Facility Type:

Licensed Assisted Living A,B and C Beds

Waiver Service(s) Provided in Facility:

Waiver Service	Provided in Facility
Supported Employment	<input checked="" type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>

Individual Goods and Services	<input checked="" type="checkbox"/>
WCCM- Waiver-funded Children's Case Management	<input type="checkbox"/>
Environmental Modifications/Adaptive Equipment	<input checked="" type="checkbox"/>
Homemaker	<input type="checkbox"/>
Personal Care	<input type="checkbox"/>
Respite	<input type="checkbox"/>
Psychological Services	<input checked="" type="checkbox"/>
Private Duty Nursing	<input checked="" type="checkbox"/>
Assisted Living	<input type="checkbox"/>
Adult Foster Support	<input type="checkbox"/>
Day Habilitation	<input checked="" type="checkbox"/>
Occupational Therapy	<input checked="" type="checkbox"/>
Caregiver Training and Support	<input type="checkbox"/>
Respiratory Therapy	<input checked="" type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>
Community Transition Services	<input type="checkbox"/>
Adult Companion Services	<input type="checkbox"/>
Physical Therapy	<input checked="" type="checkbox"/>
Dietician	<input checked="" type="checkbox"/>
Residential Habilitation	<input type="checkbox"/>
Meals	<input type="checkbox"/>

Facility Capacity Limit:

Space dependent, no limit on individuals served.

Scope of Facility Standards. For this facility type, please specify whether the State's standards address the following topics (*check each that applies*):

Scope of State Facility Standards	
Standard	Topic Addressed
Admission policies	<input checked="" type="checkbox"/>
Physical environment	<input checked="" type="checkbox"/>
Sanitation	<input checked="" type="checkbox"/>
Safety	<input checked="" type="checkbox"/>
Staff : resident ratios	<input type="checkbox"/>
Staff training and qualifications	<input checked="" type="checkbox"/>
Staff supervision	<input checked="" type="checkbox"/>
Resident rights	<input checked="" type="checkbox"/>

Medication administration	<input checked="" type="checkbox"/>
Use of restrictive interventions	<input checked="" type="checkbox"/>
Incident reporting	<input checked="" type="checkbox"/>
Provision of or arrangement for necessary health services	<input checked="" type="checkbox"/>

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

Staffing Ratios- DDP will not impose a staffing ratio requirement on adult foster care and assisted living placements. The recipient's planning team and case manager would be involved in matching the recipient's needs to an appropriate facility. Case managers visit recipients in these residences, these facilities are licensed by the Quality Assurance Division, service capacity for these facilities is outlined in the licensing standards and in ARM, and these service sites are reviewed during the annual DDP QA review process.

Appendix C: Participant Services

C-2: Facility Specifications

Facility Type:

Transitional living apartments, also known as "Supported Living, Congregate"

Waiver Service(s) Provided in Facility:

Waiver Service	Provided in Facility
Supported Employment	<input checked="" type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>
Individual Goods and Services	<input type="checkbox"/>
WCCM- Waiver-funded Children's Case Management	<input type="checkbox"/>
Environmental Modifications/Adaptive Equipment	<input checked="" type="checkbox"/>
Homemaker	<input checked="" type="checkbox"/>
Personal Care	<input checked="" type="checkbox"/>
Respite	<input type="checkbox"/>
Psychological Services	<input checked="" type="checkbox"/>
Private Duty Nursing	<input checked="" type="checkbox"/>
Assisted Living	<input type="checkbox"/>
Adult Foster Support	<input type="checkbox"/>
Day Habilitation	<input type="checkbox"/>
Occupational Therapy	<input checked="" type="checkbox"/>
Caregiver Training and Support	<input type="checkbox"/>
Respiratory Therapy	<input checked="" type="checkbox"/>

Speech Therapy	<input checked="" type="checkbox"/>
Community Transition Services	<input type="checkbox"/>
Adult Companion Services	<input type="checkbox"/>
Physical Therapy	<input checked="" type="checkbox"/>
Dietician	<input checked="" type="checkbox"/>
Residential Habilitation	<input checked="" type="checkbox"/>
Meals	<input checked="" type="checkbox"/>

Facility Capacity Limit:

Two per apartment or discrete living unit.

Scope of Facility Standards. For this facility type, please specify whether the State's standards address the following topics (*check each that applies*):

Scope of State Facility Standards	
Standard	Topic Addressed
Admission policies	<input checked="" type="checkbox"/>
Physical environment	<input checked="" type="checkbox"/>
Sanitation	<input checked="" type="checkbox"/>
Safety	<input checked="" type="checkbox"/>
Staff : resident ratios	<input checked="" type="checkbox"/>
Staff training and qualifications	<input checked="" type="checkbox"/>
Staff supervision	<input checked="" type="checkbox"/>
Resident rights	<input checked="" type="checkbox"/>
Medication administration	<input checked="" type="checkbox"/>
Use of restrictive interventions	<input checked="" type="checkbox"/>
Incident reporting	<input checked="" type="checkbox"/>
Provision of or arrangement for necessary health services	<input checked="" type="checkbox"/>

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

Staffing Ratios- DDP will not impose a staffing ratio requirement on adult foster care and assisted living placements. The recipient's planning team and case manager would be involved in matching the recipient's needs to an appropriate facility. Case managers visit recipients in these residences, these facilities are licensed by the Quality Assurance Division, service capacity for these facilities is outlined in the licensing standards and in ARM, and these service sites are reviewed during the annual DDP QA review process.

Appendix C: Participant Services

C-2: General Service Specifications (3 of 3)

- d. **Provision of Personal Care or Similar Services by Legally Responsible Individuals.** A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

- ☒ **No. The State does not make payment to legally responsible individuals for furnishing personal care or similar services.**
- ☐ **Yes. The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.**

Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of *extraordinary care* by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.*

- e. **Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

- ☒ **The State does not make payment to relatives/legal guardians for furnishing waiver services.**
- ☐ **The State makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.**

Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

- ☒ **Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.**

Specify the controls that are employed to ensure that payments are made only for services rendered.

A legal guardian or family member may be reimbursed for the provision of direct services when the guardian is not fiscally responsible for the care of the individual as outlined by waiver service category in Appendix C-3. Full legal guardians of DDP-funded recipients cannot be licensed as foster care providers and unlicensed foster care providers may not receive reimbursement for DDP-funded services.

The controls to ensure that payments are made for services delivered are the same for all providers of waiver services. Private audits, State audits, State SURS reviews, the case management involvement in planning and client contacts, the DDP QIS QA fiscal sampling process and the family and consumer satisfaction surveys regarding the delivery of services are methods by which the delivery of services will be reviewed in support of provider invoices.

Other policy.

Specify:

- f. **Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

The Department established an open enrollment policy for all waiver services and developed the initial set of application forms for all waiver-funded services in 2002, following the review of this waiver by the CMS Regional Office in the fall of 2000. The qualified provider enrollment documents, contracting documents and various other application forms have since been revised and updated. These are available upon request.

Appendix C: Participant Services

Quality Improvement: Qualified Providers

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Qualified Providers

i. Sub-Assurances:

- a. **Sub-Assurance:** *The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.*

Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services. Currently, the DDP QIS does not verify the licensure and certification requirements for professional staff reimbursed with waiver funds. The QA process will be revised effective 7/1/08.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation(<i>check each that applies</i>):	Frequency of data collection/generation(<i>check each that applies</i>):	Sampling Approach(<i>check each that applies</i>):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval =

<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- b. **Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.**

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The state performs this function as part of the quality assurance process for adults. This function is not incorporated in the QA review process for children's waiver service providers at this time. The QA process will be updated to incorporate this function effective 7/1/08.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation(<i>check each that applies</i>):	Frequency of data collection/generation(<i>check each that applies</i>):	Sampling Approach(<i>check each that applies</i>):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = To be developed
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (<i>check each that applies</i>):	Frequency of data aggregation and analysis (<i>check each that applies</i>):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- c. **Sub-Assurance:** *The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.*

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where

appropriate.

Performance Measure:

The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver. New training requirements include the College of Direct Supports. The Department needs to update the QA review process effective 7/1/08 for all services to ensure compliance with the CDS policy is maintained.

Data Source (Select one):

Other

If 'Other' is selected, specify:

On site records, off site records and web based records will be reviewed by the DDP QIS to verify compliance with training requirements.

Responsible Party for data collection/generation(<i>check each that applies</i>):	Frequency of data collection/generation(<i>check each that applies</i>):	Sampling Approach(<i>check each that applies</i>):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = To be developed.
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (<i>check each that applies</i>):	Frequency of data aggregation and analysis (<i>check each that applies</i>):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

Problems in the delivery of services are generally discovered as a result of the application of the QA review process, but problems are by not limited to this source of discovery. The generic "QA Process" is specific to providers of direct client services. The process for ensuring that State staff responsible for myriad other waiver activities is less formal at this time. This is a deficit area at this time; there is no formal application of standards in identifying problems in state staff performance, nor are there standardized reports generated for review by Department decision makers for the purpose of addressing these problems.

The QA process conducted annually by the DDP QIS needs to ensure that services were delivered in conformity with the plan of care, and that staff who provided these services were qualified, in accordance with the service standards outlined in Appendix C. The QA process for children's services and the QA process for adult services will be updated to ensure that services purchased were delivered by qualified staff. The updating of these documents will occur in conjunction with the development of revised quality assurance and quality improvement methodologies to be implemented with an effective date of 7/1/10.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

The delivery of direct client services by DDP-funded agencies with a DDP contract is subject to annual quality assurance reviews by DDP field staff. In general, these problems are resolved via the application of the QAOS sheet(Quality Assurance Observation Sheet). This form generally requires short term turn around times, and includes negotiated timeframes between DDP field staff and provider staff in resolution of identified problems. At such time the problem is resolved, the QAOS sheet has been signed and dated by both parties, and the finding is considered closed. This document becomes part of the permanent QA record, and is maintained by the provider and in the DDP field and central offices. The specific protocol used to correct problems resulting from the application of the QA process is outlined in the narrative section of the adult quality assurance process. The same guidelines would apply for deficits noted in the review of children's waiver services.

Problems related to the performance of DDP staff are not subject to formal review tools at this time. DDP will develop such tools and implement a formal QA process for this purpose with an effective date of 7/1/10.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: _____	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: _____

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design

methods for discovery and remediation related to the assurance of Financial Accountability that are currently non-operational.

☐ No

☒ Yes

Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

DDP central office staff will aggregate the DDP QA review data collected by the DDP QIS staff for the purpose of monitoring compliance with all aspects of the waiver service standards using V3.5 compliant continuous quality improvement methodologies effective 7/1/10.

Appendix C: Participant Services

C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

Appendix C: Participant Services

C-4: Additional Limits on Amount of Waiver Services

- a. **Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

☐ **Not applicable** - The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.

☒ **Applicable** - The State imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (*check each that applies*)

☐ **Limit(s) on Set(s) of Services.** There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.
Furnish the information specified above.

☐ **Prospective Individual Budget Amount.** There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.
Furnish the information specified above.

☒ **Budget Limits by Level of Support.** Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.
Furnish the information specified above.

Persons served in Intensive Family Education and Support (IFES) and in Supported Living (SL) non-congregate settings have cost plans based on individual budgets. Persons in these services can pick and choose from the menu of waiver service options, subject to the approval of the planning team. The value of the cost plan is largely based on the historical amount awarded to the person, but subject to annual

adjustment, or adjustments as needed based on changing needs. Recipients and or their families have broad flexibility and choice of services within the limit of the cost plan in these bundled service options. In a broad sense, the allocations for these flexible cost plans are based on the contract between the DDP and the service provider. The provider is responsible for serving a given number of recipients within the dollar amount budgeted for a specific service option code in the DDP contract. Recipients with the greatest service needs will receive the largest individual allocations.

Additional short term (one year or less) funds are generally available via one time only crisis or discretionary grants from the DDP regional offices. The rates methodology project is fully integrated statewide effective 7/1/08 and the dollar value of cost plans is shared with recipients and family members.

✓ **Other Type of Limit.** The State employs another type of limit.

Describe the limit and furnish the information specified above.

Persons served in congregate service settings (e.g., a group home and day programs are allocated funding by the number of hours of service needed by the individual living or working within the service setting. The aggregate cost of services by service option code is capped by the contract, although additional funds can be made available for specific purposes, including client crises. Individual costs are based on the number of persons to be served and the funding allocated to specific service settings as specified in the contract.

Additional resources are made available for persons by re-allocating resources. Conditions for the moving of funds within a provider agency requiring DDP approval via amendment are outlined in the contracting documents. In some cases, one time only grants are requested from the DDP to provide needed services on a short term (not exceeding one year) basis.

Methodologies for adjusting cost plans under the statewide rates system are being developed at this time to meet the changing needs of service recipients.